

A24000000153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

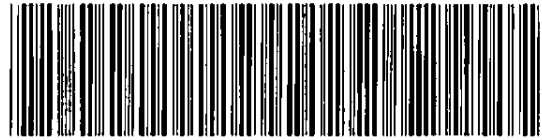
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300424210213

01/01/2024 10:00:00 AM

2024 MAR -1 PM 3:48

FILED

MAR 27 2024

K. Brumbley

MS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sankofa Investments Group LLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Dominic Cummings

Contact Person

Firm/Company

25 E Beaver Street Unit 280

Address

Jacksonville, Florida 32202

City, State and Zip Code

info@sankofainvestments.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominic Cummings

at (904) 405-4627

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Sankofa Investment Group L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 25 East Beaver Street Unit 280

(Street address of initial designated office)

Jacksonville, Florida 32202

3. Dominic Cummings

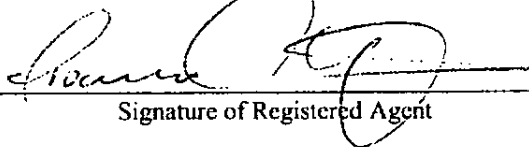
(Name of Registered Agent for Service of Process)

4. 25 East Beaver Street Unit 270

(Florida street address for Registered Agent)

Jacksonville, Florida 32202

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

6. 25 East Beaver Street Unit 280

(Mailing address of initial designated office)

Jacksonville, Florida 32202

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

2024 MAR - 1 PM 3:48

NOT
RECORDED

8. Name and business address of each general partner:

Name:

Business Address:

Dominic Cummings

7783 Ortega Bluff Parkway

Jacksonville, Florida 32244

Keith Bonet

8654 Rest Haven Court

Yulee, Florida 32097

Antoine Grant

3569 Hartsfield Forest

Jacksonville, Florida 32277

Dion Jiles

976 Oakland Hills Ave

Middleburg, Florida 32068

Timothy Edwards

3249 Fox Squirrel Drive

Orange Park, Florida 32073

Jamire Austin

1695 Donna Drive

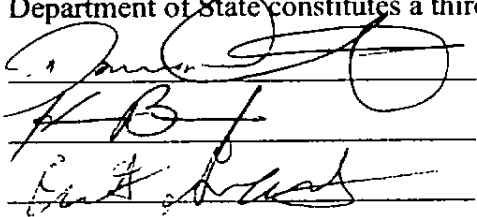
Middleburg, Florida 32068

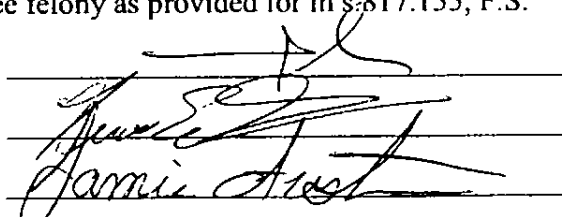
9. Effective date, if other than the date of filing: 2/15/2024
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 15th day of February, 2024

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.





Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

8. Name and business address of each general partner:

Name

Business Address:

Cedrick Newberry

12394 Itani Way Jacksonville FL 32226

Signature

Date

Cedrick Newberry

2/25/2024

There are a total of 8 partners.